s s			
	tate of Rhode Island and Pro Office of the Secreta		<b>S</b> Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet 14-2615	
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>001673792</u>	2		
2. Exact Name of the Li	mited Liability Company Industrial	Connections & Soluti	ons LLC
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
the list of codes here. More	Code that best describes the primary e information on <u>NAICS</u> can be found	-	the entity. Download
<u>335300</u>			
4. Brief Description of th	a Character of the Dusiness Which	is Actually Conducte	d in Rhode Island
	le Character of the Business which	•	
EQUIPMENT THAT	UPPLIER AND INSTALLER OF E	LECTRICAL DISTR	
EQUIPMENT THAT	JPPLIER AND INSTALLER OF E	LECTRICAL DISTR	
EQUIPMENT THAT KEEPS INDUSTRIAL ( 5. Principal Office Addre	JPPLIER AND INSTALLER OF E	LECTRICAL DISTR	
EQUIPMENT THAT KEEPS INDUSTRIAL ( 5. Principal Office Addre	JPPLIER AND INSTALLER OF E OPERATIONS POWERED AND I ss GREGSON DRIVE	<u>LECTRICAL DISTR</u>	
EQUIPMENT THAT   KEEPS INDUSTRIAL   5. Principal Office Addre   No. and Street: 305   City or Town: CAR	JPPLIER AND INSTALLER OF E OPERATIONS POWERED AND I ss GREGSON DRIVE	LECTRICAL DISTR PRODUCTIVE. NC Zip: <u>27511</u>	IBUTION Country: <u>USA</u>
EQUIPMENT THAT   KEEPS INDUSTRIAL (   5. Principal Office Addre   No. and Street: 305 (   City or Town: CAR   6. Mailing Address of Line   Contact Name: Contact	JPPLIER AND INSTALLER OF E   OPERATIONS POWERED AND I   ss   GREGSON DRIVE   QY State:   mited Liability Company and Name   Title:	LECTRICAL DISTR PRODUCTIVE. NC Zip: <u>27511</u>	IBUTION Country: <u>USA</u>
EQUIPMENT THAT   KEEPS INDUSTRIAL (   5. Principal Office Addre   No. and Street: 305 (   City or Town: CAR   6. Mailing Address of Line   Contact Name: Contact	JPPLIER AND INSTALLER OF E   OPERATIONS POWERED AND I   iss   GREGSON DRIVE   XY State: ]   mited Liability Company and Name   Title:   GREGSON DRIVE	<u>LECTRICAL DISTR</u> <u>PRODUCTIVE.</u> <u>NC</u> Zip: <u>27511</u> or Title of Contact Pe	IBUTION Country: <u>USA</u>
EQUIPMENT THAT   KEEPS INDUSTRIAL (   5. Principal Office Addre   No. and Street: 305 (   City or Town: CAR   6. Mailing Address of Line   Contact Name: Contact   No. and Street: 305 (   City or Town: CAR   Contact Name: Contact   No. and Street: 305 (   City or Town: CAR	JPPLIER AND INSTALLER OF E   OPERATIONS POWERED AND F   ss   GREGSON DRIVE   XY State: 1   mited Liability Company and Name   Title:   SREGSON DRIVE   Y State: 1	LECTRICAL DISTR   PRODUCTIVE.   NC Zip: 27511   or Title of Contact Period   NC Zip: 27511	IBUTION Country: <u>USA</u> erson: Country: <u>USA</u>
EQUIPMENT THAT   KEEPS INDUSTRIAL O   5. Principal Office Addree   No. and Street: 305 (CAR)   City or Town: CAR   6. Mailing Address of Line   Contact Name: Contact   No. and Street: 305 (CAR)   Contact Name: Contact   No. and Street: 305 (CAR)   City or Town: CAR)   7. Name and Address of	JPPLIER AND INSTALLER OF E   OPERATIONS POWERED AND F   ss   GREGSON DRIVE   XY State: 1   mited Liability Company and Name   Title:   SREGSON DRIVE   Y State: 1	LECTRICAL DISTR   PRODUCTIVE.   NC Zip: 27511   or Title of Contact Period   NC Zip: 27511	IBUTION Country: <u>USA</u> erson: Country: <u>USA</u> licable.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 18 Day of October, 2019 at 4:11:56 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>MANDY HENDRICKS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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